

**RISK MANAGEMENT FUND CONTRIBUTION
DISCOUNT PROGRAM APPLICATION**

STATE OF NORTH DAKOTA

SFN 53424 (10-2004)

SUBMISSION DEADLINE MAY 1
Report of Activity for Current Fiscal Year

Agency/Facility:	Date:	
COMPLIANCE QUESTIONS:	YES	NO
1. Does your agency/facility have a Loss Control Committee that complies with Section 4 of the Risk Management Manual and addresses recommendations and liability exposures that arise through incidents or accidents, claims, Risk Management Bulletins, and audit reports? Document in Minutes.	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your agency/facility director appoint your Risk Management contact, does that contact act as the main contact for your agency/facility loss control and safety activities, and does that contact serve as chairperson or active member of the Loss Control Committee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your agency/facility incidents and accidents that involve the general public reported to the Risk Management Division within 48 hours the agency/facility becomes aware of the event?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your Loss Control Committee submit copies of its Minutes to the Risk Management Division? Provide copies as completed or with the Discount Application.	<input type="checkbox"/>	<input type="checkbox"/>

**Affirmative answers to Questions 1 through 4 are
mandatory to qualify for any discount**

5. Has your agency/facility and each of its departments/divisions/offices: a) implemented customized policies and procedures to address: Fire, Natural Disaster, Severe Weather, Bomb Threats, Sexual Harassment, Workplace Violence, Hostile Work Environment, Substance Abuse, and Proper Internet/E-mail use in the workplace; and b) provided a detailed explanation (preferably through Minutes) of how you document that these policies are communicated to ALL employees annually and at the time of hiring, including providing a copy of the acknowledgement statement, performance review statement, training sign-in sheets, or on-line training record?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your Loss Control Committee review all agency/facility incidents and accidents to determine cause in Executive Sessions that are conducted in compliance with N.D.C.C 44-04-19.2 and explained in Section 4.2 of the Risk Management Manual? Document in Minutes.	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your Loss Control Committee conduct at least annual inspections of ALL of your facilities using checklists similar to those found in subsection 4.3 of the Risk Management Manual?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the inspection/checklist process include documentation of when and what corrective action was taken for identified deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has your agency/facility implemented and communicated a policy regarding the use of flammables, microwaves, refrigerators, small appliances, heaters, etc. in the workplace and does your annual inspection include confirmation of compliance with the policy?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is compliance with this requirement documented in the Minutes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your agency/facility established and your Loss Control Committee annually reviewed for adequacy and compliance: a) Continuum of Operation (COOP), and b) Records Retention Schedule in compliance with ITD's Records Management Program? Document in Minutes.	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your agency/facility implemented policies and procedures for management of contractual risk in accordance with Section 5 of the Risk Management Manual, N.D.C.C. ch. 54-44.4, N.D.A.C. Article 4-12, and the written directives of the Office of Management and Budget (OMB) related to procurement, and does the Loss Control Committee annually review these procedures for compliance by all departments/divisions of the agency/facility? Document in Minutes.	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your agency/facility Risk Management Contact or active member of the Loss Control Committee attend the entire annual Risk Management Seminar?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Signed:	Job Title:	
Please Print Name:	Telephone Number:	

Total Potential Discount of 10%: Questions 1 - 4 = 2% discount; Question 5 = 2% discount; Question 6 = 1% discount; Question 7 = 1% discount; Question 8 = 1% discount; Question 9 = 2% discount; Question 10 = 1% discount.